

COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and
Supportive Community Care"*

TECHNICAL SUPPORT PROGRAM

Self-Assessment Guide ADULT RESIDENTIAL FACILITY ADMINISTRATIVE ASSESSMENT



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

TECHNICAL SUPPORT PROGRAM

ADULT RESIDENTIAL FACILITY ADMINISTRATIVE ASSESSMENT

The administrative assessment tool is designed to assist licensees and facility staff to perform periodic self assessments of a facility's operation. The assessment is comprised of some of the most common deficiencies noted by Licensing Program Analysts during their evaluation visits. It is not an exhaustive list or a full summary of regulations relating to the operation of facilities. ***IT CANNOT BE USED AS A SUBSTITUTE FOR HAVING A GOOD WORKING KNOWLEDGE OF THE REGULATIONS.***

These items summarize regulations and other conditions which commonly lead to citation. For that reason, licensees should refer to the referenced regulation(s) for complete information on requirements. Items contained in this tool which have an asterisk (*) are not required by licensing regulation. They are, however, recommended practices that can assist licensees to avoid situations which may lead to violations.

The assessment should be used periodically to review the facility's performance in a variety of areas to identify and correct deficiencies and to identify areas of weakness in the facility's operation and staff training needs. It can also be used as a training tool to familiarize staff with basic Licensing requirements. Facilities may wish to add items to the form which have historically been problem areas for their operations or to implement program standards that exceed Licensing requirements.

MEDICATIONS

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | All centrally stored medications (including over the counter medicines and medications stored in the refrigerator) are locked. 80075(m)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Medications are maintained in compliance with label instructions. (Room temperature, refrigerated, etc.) 80075(m)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There are no expired medications (including over the counter medicines). 80075(n) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | There are no medications for former clients in the facility. 80075(n) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | There are no permanently discontinued medications in the facility. 80075(n) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Each centrally stored prescription medication has been logged in a centrally stored medication record. 80075(m)(7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Destroyed prescription medications are logged in a centrally stored medication record. 80075(n) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Clients are assisted with medications according to label/physician instructions. 80072(a)(2) |

MEDICATIONS **(continued)**

MET NOT MET

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>9. Each client's file contains documentation from the client's physician that the client <u>can</u> determine and communicate his/her need for <u>prescription and nonprescription</u> PRN medication and the physician has provided written instructions for its use. 80075(b)</p> <p style="text-align: center;"><u>OR</u></p> <p>For <u>nonprescription</u> PRN medication <u>only</u>, each client's file contains documentation from the client's physician that the client <u>cannot</u> determine his/her need but <u>can clearly</u> communicate his/her symptoms and the physician has provided written instructions for its use. 80075(c)</p> <p style="text-align: center;"><u>OR</u></p> <p>For <u>prescription</u> and <u>nonprescription</u> PRN medication, when the client is <u>unable</u> to determine his/her own need for the medication and is <u>unable</u> to clearly communicate his/her symptoms, facility staff contact the client's physician before each dose is given and receive instruction. 80075(d)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>10. Medication labels for centrally stored medications are not altered. 80075(m)(4)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>11. * Syringes and needles are immediately discarded into appropriate containers, i.e., a container for sharps.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>12. * Medications are not set up more than 24 hours in advance.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>13. * Documentation is on file indicating the doctor and/or the authorized representative has been contacted when clients refuse medications.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>14. * There are enough medications left in each bottle to order a refill before the current supply runs out.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>15. * Documentation is on file that the physician is aware of all over the counter medications the client is taking.</p> |

PHYSICAL PLANT

GENERAL

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>1. Walls and ceilings are clean and in good repair. 80087(a)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>2. Paint/wallpaper is in good condition. 80087(a)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>3. Windows and curtains/blinds are in good condition and operate properly. 80087(a)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>4. Floors and floor coverings are clean and in good repair. 80087(a)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>5. Doors are in good condition and operate properly. 80087(a)</p> |

PHYSICAL PLANT
(continued)

MET NOT MET

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Equipment and supplies are not stored in the yard or areas used by clients. 80087(e)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Smoke detectors operate properly and fire extinguishers are properly charged. 80087(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Furniture and fixtures are in good repair. 80087(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Weapons and potentially hazardous items are locked up. 80087(h)(1)(2)(A)(3) (Trigger locks or removing firing pins are acceptable for weapons.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Handrails are securely fastened. 85087(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Buildings and grounds are free from hazards. 80087(a), (b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Passageways, stairways and doors are not blocked or obstructed. 80087(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Rooms are clean, safe, sanitary and free of odors. 80087(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Room temperature is a minimum of 68 degrees and a maximum of 85 degrees. (In extreme heat, maximum temperature is 30 degrees less than outside.) 80088(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Signal system, if required, operates properly. 85088(f) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Bodies of water are inaccessible to clients with physical handicaps, mental disorders or developmental disabilities. 80087(f) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Facility is free of flies and other insects. 80087(a)(1) |

CLIENT ROOMS

MET NOT MET

- | | | | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sheets, pillow cases, mattress pads, blankets, bedspreads, bath/hand towels, and wash cloths are clean and in good repair. 85088(c)(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Mattresses, bedsprings and pillow(s) are in good repair. 85088(c)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There is one chair, nightstand and adequate lighting for each client. 85088(c)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Closet and drawer space for clothing/personal belongs. A minimum of eight cubic feet of drawer space shall be provided. 85088(c)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Clothes in dressers and closets are clean. |

BATHROOMS

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Hot water is 105 - 120 degrees fahrenheit. 80088(e)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Sinks, tubs, toilets and showers are clean and operable. 80088(e)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Common towels and washcloths are not used. 85088(c)(4)(B) |

SUPPLIES

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Equipment and supplies for personal hygiene are available for clients in sufficient amounts. 85088(c)(5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | There is a sufficient supply of linens available to permit changing weekly or more often as needed to ensure use of clean linens at all times by clients. 85088(c)(4)(A) |

FOOD SERVICE

MET NOT MET

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Food storage and preparation areas (pantrys, cupboards, freezers, stoves, microwaves, refrigerators, counters) are clean. 80076(a)(13), (17) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | There are no pesticides or toxics (ant spray, rodent poison) stored in any food storage or preparation room or with utensils. 80076(a)(15), 80087(j) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Cleaning supplies are kept in areas separate from food supplies. 80076(a)(16) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Contaminated or spoiled food is discarded. 80076(a)(18) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Food supplies are kept covered and inaccessible to pests. 80076(a)(14), (18) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Frozen foods are properly wrapped or stored in an appropriate container. 80076(a)(1), (18) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Trash can has tight fitting cover. 80088(f)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Freezer is 0 degrees fahrenheit. 85076(d)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Refrigerator is 45 degrees fahrenheit. 85076(d)(3), 80076(a)(14) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Menus are prepared one week in advance. Copies of menus as served are dated and kept on file for at least 30 days. 80076(a)(5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Two day supply of perishables and seven day supply of non-perishables are available in the facility. 85076(d)(1) |

FOOD SERVICE

(continued)

MET NOT MET

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|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Snacks and beverages for clients are available in the facility. 80076(a)(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Dishes, glasses and utensils are clean and in good condition (no cracks or chips). 80076(a)(19) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Modified diets are provided as needed. 80076(a)(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Powdered milk is not used as a beverage. 80076(a)(9) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. * | Food supplies are dated and rotated to use old items first. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. * | Food to prepare items on the menu is in the facility. |

CASH HANDLING/PERSONAL PROPERTY

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Clients' cash records are current. 80026(h) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Clients' cash records balance with cash being safeguarded. 80026(h) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Bond is sufficient for amount of cash handled. 80025(b)(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Personal property list is updated with additions and deletions. 80026(h) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Loans to clients are documented. 80026(e)(1)(A) |

CLIENT OBSERVATION

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Staff are familiar with the needs of the clients and are competent to provide the necessary services. 80065(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Care staff regularly observe each client to ensure that each client's physical, mental, emotional and social needs are met. 85075.3(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Deterioration in clients condition is reported to the client's physician and authorized representative, if any. 85075.3(c) |

RECORDS

(CLIENTS)

<u>MET</u>	<u>NOT MET</u>	
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Clients' records are not accessible to unauthorized persons. 80070(c)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. All client files contain required records and information. 80070(a),(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Information in client files is updated as needed. 80070(a),(e) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Needs and services plans are updated as required. 80068.3(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * Copies of any exceptions for clients are on file. |

RECORDS

(STAFF)

<u>MET</u>	<u>NOT MET</u>	
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All staff files contain required records and information. 80066(a),(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Items that expire (first aid, driver's license, water safety certificate)are updated. 80065(e)(2), 80074(a), 80075(h) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Fingerprints are submitted within 4 days of employment. 80019(c)(1)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * Continuing education and training are documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * Exceptions/exemptions are maintained in file. |

ADMINISTRATION

<u>MET</u>	<u>NOT MET</u>	
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Administrator has completed required 4 hour HIV/TB training. H&S Code 1562.5 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. License is posted in a prominent location. (Facilities licensed for six or fewer must retain the license in the facility.) 85009(a),(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The facility has a disaster and mass casualty plan of action. 80023(a),(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Disaster drills are conducted at least every six months and records of drills are available. 80023(d) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Current client roster is available to licensing staff. 80071 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * Waivers are maintained on file. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * Emergency exiting plan and emergency phone numbers are posted. |

INCIDENT REPORTING

<u>MET</u>	<u>NOT MET</u>
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|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Incidents are reported by phone to Licensing by the next working day. 80061(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Written incident reports are sent to Licensing within seven (7) days. 80061(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Incidents are reported to the client's authorized representative. 80061(e) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | All administrative and care staff are trained in the requirements of incident reporting. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Administrator has reviewed incident reports and taken any corrective action necessary. |

ACTIVITIES

<u>MET</u>	<u>NOT MET</u>
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- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Current activity calendar is posted if licensed capacity is 7 or more. 85079(d) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Equipment and supplies are available for activities. 85088(g) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Activities available include: worship services and activities, community service activities, community events, self-help organizations and sports leagues and service clubs. 85079(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Attendance at religious activities is available to interested clients. 80072(a)(5), 85079(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Resident council meetings are made available upon request of clients. 85080(a),(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * | Activities are provided as scheduled on activity calendar. |

MISCELLANEOUS

<u>MET</u>	<u>NOT MET</u>
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- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Vehicles used to transport clients are maintained in safe operating condition. 80074(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Non-cleared persons (friends, family, volunteers, neighbors) are not used as staff who provide direct client care. 80019(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The facility is equipped with first aid supplies (sterile first aid dressings, bandages, adhesive tapes, scissors, tweezers, thermometer, antiseptic solution) and a current first aid manual. 80075(i)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Basic laundry services is provided including washing and drying of clients' clothing. 85077(b) |